

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	67814	11/02/00
O.I.P.E. CLASSIFIER		49	11/01/00
FORMALITY REVIEW	IL	902	11/03/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	11/04/00
2	✓	✓	11/04/00
3	✓	✓	11/04/00
4	✓	✓	11/04/00
5	✓	✓	11/04/00
6	✓	✓	11/04/00
7	✓	✓	11/04/00
8	✓	✓	11/04/00
9	✓	✓	11/04/00
10	✓	✓	11/04/00
11	✓	✓	11/04/00
12	✓	✓	11/04/00
13	✓	✓	11/04/00
14	✓	✓	11/04/00
15	✓	✓	11/04/00
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25	✓	✓	11/04/00
26	✓	✓	11/04/00
27	✓	✓	11/04/00
28	✓	✓	11/04/00
29	✓	✓	11/04/00
30	✓	✓	11/04/00
31	✓	✓	11/04/00
32	✓	✓	11/04/00
33	✓	✓	11/04/00
34	✓	✓	11/04/00
35	✓	N	
36	✓	N	
37	✓	N	
38	✓	N	
39	✓	N	
40	✓	N	
41	✓	N	
42	✓	N	
43	✓	✓	11/04/00
44	✓	✓	11/04/00
45	✓	✓	11/04/00
46	✓	✓	11/04/00
47	✓	✓	11/04/00
48	✓	✓	11/04/00
49	✓	✓	11/04/00
50	✓	✓	11/04/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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